



MONTANA SITE STEWARDSHIP PROGRAM

Application Form

Name _____

Address _____ City/State/Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email: _____ Occupation: _____

Employer/Former Employer: _____

Driver's License (state & no.): _____

Emergency Contact Information: Name _____ Phone _____

Alternate phone _____ Relationship _____

REFERENCES: Name, Address and Phone of 2 References (unrelated to you):

1. _____ 2. _____

Relevant skills, training, experience (example: compass, GPS, mapping, photography, survey):

Related memberships and organizations:

Why do you want to be a Site Steward?

Site preference: ☐ Historic ☐ Archaeological/Prehistoric ☐ No preference

Longest distance willing to walk to site: ☐ ¼ mile ☐ ½ mile ☐ mile

Would you be willing to steward a site that could only be accessed from a river? ☐ Yes ☐ No

Do you have a high-clearance or 4-wheel drive vehicle? ☐ Yes ☐ No

I hereby give the Montana Site Steward Program permission to conduct a check on my background.

Check if under the age of 18 ☐

Signed _____ Date _____

Please complete form and mail to:
Crystal Alegria
2-128 Wilson Hall
Montana State University
Bozeman, MT 59717
calegria@montana.edu